Overarching Principles and Definitions	
Updates to Overarching Principles and Definitions:	• None
Active Patients:	Patients seen by a primary care clinician of the PCMH anytime within the last 24 months Definition of primary care clinician includes the following: MD/DO, Physician's Assistant (PA), and Certified Nurse Practitioner (CNP). The following are the eligible codes for determining Active Patient status: 1. CPT/HCPCS office visit codes: 99201-99205; 99212-99215; 99381 – 99387; 99391-99397; 99487; 99490; 99491; 99495-99496; G0402; G0438-G0439. 2. Eligible telephone visit, e-visit or virtual check-in codes: a. CPT/HCPCS/SNOMED codes: 98966-98968; 98969-98972; 99421-99423; 99441-99443; 99444; 11797002; 185317003; 314849005; 386472008; 386473003; 386479004. b. Any of the above CPT/HCPCS codes in 2.a. with the following POS codes: 02. c. Any of the above CPT/HCPCS codes in 2.a. with the following modifiers: 95; GT. Acceptable Exclusions: Patients who have left the practice, as determined by one or more of the following: 1. Patient has asked for records to be transferred or otherwise indicated that they are leaving the practice 2. Patient has passed away 3. Patient cannot be reached on three consecutive occasions via phone or emergency contact person 4. Patient has been discharged according to practice's discharge policy
Outpatient Visit Criteria:	Please refer to the current year HEDIS® Outpatient Value Set.
Encounter Types:	In addition to following CPT/HCPCS code level of service guidelines to establish an eligible population, report writers should ensure encounter types are limited to include only face to face encounter types for those measures requiring a face to face encounter. Example: Depression screening: Patient turns 18 in July. In the record they have two "encounters" during the measurement year – a well visit in April and a nurse care manager phone call in August. Failure to limit encounter types correctly could result in the nurse care manager visit erroneously triggering this patient in the eligible population.

Practices Using Shared EHR Systems:	Denominator calculations are based upon encounters in the PCMH unless otherwise specified. Numerator events may be from any source (e.g. a recorded BMI or lab value).
Value Set Information:	HEDIS® measures reference Value Sets, which are available for download at store.ncqa.org under the search term: "MY 2023 Quality Rating System (QRS) HEDIS® Value Set Directory." See the document "Instructions for Obtaining HEDIS® Value Set Directory" for more information (also embedded below).  Instructions for Obtaining HEDIS Va

Adult Measures

Measure:	Colorectal Cancer Screening
Updates to Measure Specifications:	• Expanded the ages criteria in the acceptable frailty exclusion from 66-75 years to 66 years and older. • Changed the patients in hospice, patients who died, and patients receiving palliative care exclusion criteria from required exclusions to acceptable exclusions.
Description:	The percentage of active patients 45 to 75 years of age who had an appropriate screening for colorectal cancer.
Age Criteria:	Eligible population is determined as patients 46 to 75 years of age at the end of the measurement period. (Description states 45 since someone could be 45 throughout the measurement year and not turn 46 until the last day of the measurement period).
Numerator Statement:	Active patients 46 to 75 at the end of the measurement period who received an acceptable colorectal screening during the identified lookback period (See below).
Denominator Statement:	Active patients 46-75 at the end of the measurement period.
Acceptable Exclusions:	Exclude patients who meet any of the following criteria anytime during the measurement year: • Patients in hospice. • Patients who died any time during the measurement year. • Patients receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (claims with POS code 81). Either of the following at any time in the patient's history through the end of the measurement period: • Colorectal cancer (Colorectal Cancer Value Set) • Total colectomy (Total Colectomy Value Set; History of Total Colectomy Value Set) • Patients 66 years of age and older by the end of the measurement period with frailty AND advanced illness during the measurement year: o Frailty: At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS 81). ▪ Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period: ▪ Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS 81).

	▪ Dispensed dementia medication (Dementia Medications List). Medicare patients 66 years of age and older by end of measurement period who meet either of the following: • Enrolled in Institutional SNP • Living long-term in an institution
Look Back Period:	Varies based on test performed: • Fecal occult blood test during the measurement year (FOBT Value Set) • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year (Flexible Sigmoidoscopy Value Set) • Colonoscopy during the measurement year or the nine years prior to the measurement year (Colonoscopy Value Set) • CT colonography during the measurement year or the four years prior to the measurement year (CT Colonography Value Set) • Stool DNA (sDNA) with FIT test during measurement year or the two years prior to the measurement year
Medical Record Documentation:	If a copy of the actual procedure/test/lab result is not present, documentation in the medical record must include a note indicating the date when the colorectal screening was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record. If that is not clear, the result finding must be present (this ensures the screening was performed and not merely ordered). A pathology report that indicates the type of screening meets the criteria and the date when the screening was performed meets criteria. For pathology reports that do not indicate the type of screening and for incomplete procedures: • Evidence that the scope advanced to the cecum meets criteria for a completed colonoscopy. • Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy. There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance. Follow the instructions below to determine patient compliance. • If the medical record does not indicate the type of test and there is no indication of how many samples were returned, assume the required number was returned. The patient meets the screening criteria for inclusion in the numerator. • If the medical record does not indicate the type of test and the number of returned samples is specified, the patient meets the screening criteria only if the number of samples specified is greater

	than or equal to three samples. If there are fewer than three samples, the patient does not meet the screening criteria for inclusion. • FIT tests may require fewer than three samples. If the medical record indicates that an FIT was done, the patient meets the screening criteria, regardless of how many samples were returned. • If the medical record indicates that a gFOBT was done, follow the scenarios below. – If the medical record does not indicate the number of returned samples, assume the required number was returned. The patient meets the screening criteria for inclusion in the numerator. – If the medical record indicates that three or more samples were returned, the patient meets the screening criteria for inclusion in the numerator. – If the medical record indicates that fewer than three samples were returned, the patient does not meet the screening criteria. Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.
Source:	HEDIS®

Measure:	Eye Exam for Patients with Diabetes
Updates to Measure Specifications:	• Removed the required exclusion for patients who did not have a diagnosis of diabetes. • Added a laboratory claim exclusion to value sets for which laboratory claims should not be used. • Moved previously allowed exclusion of patients with frailty and advanced illness to required exclusions. • Revised the method for identifying advanced illness.
Description:	The percentage of active diabetic patients (type 1 and type 2) between 18 and 75 years of age who had a retinal eye exam.
Age Criteria:	Eligible population is determined as 18 to 75 years of age as of December 31 of the measurement year.
Numerator Statement:	Active patients with diabetes between 18 and 75 years of age at the end of the measurement period who had any of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year • Bilateral eye enucleation anytime during the patient's history through the end of the measurement year Please note, documentation in the chart must include one of the following: • A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results. • A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist OR by a system that provides an artificial intelligence interpretation. • Evidence that the patient had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the patient's history through end of the measurement year. • Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the measurement year, where results indicate retinopathy was not present (e.g. documentation of normal findings).
Denominator Statement:	Active patients with diabetes between 18 and 75 years of age at the end of the measurement period with documentation of diabetes during the measurement year or the year prior. Patients with diabetes are identified in the following ways: • Claim/encounter-based: Patients who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year.

	• Pharmacy data: Patients who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year.
Required Exclusions:	Exclude patients who meet any of the following criteria anytime during the measurement year: • Patients who died any time during the measurement year • Patients receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients in hospice. • Medicare patients 66 years of age and older as of December 31 of the measurement year who meet either of the following: a. Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. b. Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a patient had an LTI flag during the measurement year. • Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded: c. Frailty. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81). d. Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: i. Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81). Dispensed dementia medication (Dementia Medications List)
Look Back Period:	24 months, if negative retinopathy, 12 if positive or unknown
Source:	HEDIS®

Measure:	Glycemic Status Assessment for Patients with Diabetes (<8%)
Updates to Measure Specifications:	• Updated the measure title. • Added glucose management indicator as an option to meet numerator criteria. • Updated the event/diagnosis criteria. • Removed the required exclusion for patients who did not have a diagnosis of diabetes. • Added a laboratory claim exclusion to value sets for which laboratory claims should not be used. • Moved previously listed exclusions to required exclusions. • Revised the method for identifying advanced illness.
Description:	The percentage of patients 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was below 8.0% during the measurement year.
Age Criteria:	Eligible population is determined as 18–75 years of age as of December 31 of the measurement year.
Numerator Statement:	Active diabetic patients (type 1 and type 2) between 18 and 75 years of age at the end of the measurement period whose most recent HbA1C or GMI value in the measurement year was less than 8.0%.
Denominator Statement:	Active patients with diabetes (type 1 and type 2) between 18 and 75 years of age at the end of the measurement period with documentation of diabetes during the measurement year or the year prior. Patients with diabetes are identified in the following ways: • Claim/encounter-based: Patients who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • Pharmacy data: Patients who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81)
Required Exclusions:	1. Patients who died any time during the measurement year. 2. Patients who do not have a diagnosis of diabetes (Diabetes Value Set) in any setting during the measurement year or year prior AND who had a diagnosis included in the Diabetes Exclusions Value Set during the measurement year or year prior. (Historically, these exclusions were limited to gestational and steroid induced diabetes, but the exclusion value set includes additional conditions focused heavily on diabetes caused by an underlying condition). 3. Patients in hospice. 4. Patients receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value

	Set; ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (claims with POS code 81). 5. Medicare patients 66 years of age and older as of December 31 of the measurement year who meet either of the following: a. Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. b. Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a patient had an LTI flag during the measurement year. 6. Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded: a. Frailty. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81). b. Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: i. Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81). Dispensed dementia medication (Dementia Medications List)
Diabetics without A1C Documented:	If no A1c reading was rendered during the measurement year, patient counts as non-adherent.
Look Back Period:	12 months
Source:	HEDIS®

Measure:	Controlling High Blood Pressure
Updates to Measure Specifications:	• Added a laboratory claim exclusion to value sets for which laboratory claims should not be used. • Revised the method for identifying advanced illness. Moved previously listed exclusions to required exclusions.
Description:	The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
Age Criteria:	Eligible population is determined as 18–85 years as of December 31 of the measurement year.
Numerator Statement:	Active hypertensive patients between 18 and 85 years of age at the end of the measurement period whose BP was adequately controlled during the measurement year based on the following criteria: • Patients 18-85 years of age whose most recent BP reading during the measurement year, on or after the second diagnosis of hypertension, (hypertension diagnosis may be established prior to the measurement year if patient has already had two dates of service with a hypertension diagnosis) was <140/90 mm Hg
Denominator Statement:	Active hypertensive patients between 18 and 85 years of age at the end of the measurement period. Active hypertension patients are identified as patients who had at least two outpatient visits, telephone visits, e-visits or virtual check-ins (Outpatient and Telehealth Without UBREV Value Set)on different dates of service with a diagnosis of hypertension (Essential Hypertension Value Set) on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Remove patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions: • Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). • Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. • Identify the admission date for the stay.
Required Exclusions:	• Patients who died any time during the measurement year • Patients receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients in hospice. • Patients with ESRD (ESRD Value Set), dialysis (Dialysis Procedure Value Set), nephrectomy (Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set; History of Kidney Transplant Value Set) on or prior to December 31 of the measurement year. • Patients with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year Do not include laboratory claims (claims with POS code 81).

	• Patients with a diagnosis that ESRD (ESRD Diagnosis Value Set; History of Kidney Transplant Value Set), any time during the patient's history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).
	• Medicare patients 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  o Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
	  o Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a patient had an LTI flag during the measurement year.
	• Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded:
	  o Frailty. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
	  o Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:
	  i. Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
	  ii. Dispensed dementia medication (Dementia Medications List)
	• Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).

BP Documentation:	Identify the most recent BP reading noted during the measurement year. The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred. Do not include BP readings: • Taken during an acute inpatient stay or an ED visit. • Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

	• Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope. Coding tip: The most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) may be taken during an outpatient visit (Outpatient Without UBREV Value Set), telephone visit (Telephone Visits Value Set), e-visit or virtual check-in (Online Assessments Value Set), a nonacute inpatient encounter (Nonacute Inpatient Value Set), or remote monitoring event (Remote Blood Pressure Monitoring Value Set) during the measurement year. As stated above, self-reported BP readings recorded during a telephone visit, e-visit or virtual check-in must rely on a digital device and cannot be recorded using a non-digital device such as a manual blood pressure cuff.
Look Back Period:	12 months
Source:	HEDIS®

Pediatric Measures

Measure:	Child and Adolescent Well-Care Visits (Adolescent age ranges only)
Updates to Measure Specifications:	• Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
Description:	The percentage of active patients 12-21 years of age with at least one documented, comprehensive well-care visit with a primary care physician or OB/GYN practitioner during the measurement year
Age Criteria:	Active patients 12-21 years of age at the end of the measurement year.
Numerator Statement:	Active patients 12-21 years of age at the end of the measurement year with a note indicating a visit to a PCP or OBGYN, the date of well visit, and evidence of all of the following: • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance *If standard preventive visit templates consistently incorporate the above information, practices may simply use encounter information to verify compliance.*
Denominator Statement:	Active patients 12-21 years of age at the end of the measurement year
Required Exclusions:	• Patients in hospice. • Patients who died any time during the measurement year.
Codes to Identify Adolescent Well-Care Visits	CPT: 99383-99385; 99393-99395 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z02.79, Z02.81
Look Back Period:	12 months
Source:	HEDIS®

Measure:	Developmental Screening in the First Three Years of Life
Updates to Measure Specifications:	• Updated the example Age Criteria to align with the OHIC PCMH Measure Set performance period.
Description:	The percentage of active patients screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.
Age Criteria:	Children who turn 1, 2, or 3 years of age during the measurement year.
Numerator Statement:	The numerator identifies children who were screened for risk of developmental, behavioral and social delays using a standardized tool. National recommendations call for children to be screened at the 9, 18, and 24- OR 30-month well visits to ensure periodic screening in the first, second, and third years of life. The measure is based on three, age-specific indicators. Numerators 1-3 are for your understanding of the measures. Only Numerator 4 is required to report to PCMH-Kids. • **Numerator 1**: Children in Denominator 1 who had screening for risk of developmental, behavioral and social delays using a standardized screening tool that was documented by their first birthday • **Numerator 2**: Children in Denominator 2 who had screening for risk of developmental, behavioral and social delays using a standardized screening tool that was documented after their first and before or on their second birthday • **Numerator 3**: Children in Denominator 3 who had screening for risk of developmental, behavioral and social delays using a standardized screening tool that was documented after their second and before or on their third birthday • **Numerator 4**: Children in Denominator 4 who had screening for risk of developmental, behavioral and social delays using a standardized screening tool that was documented by their first, second or third birthday, i.e., the sum of numerators 1, 2, and 3. Documentation in the medical record must include all of the following: • A note indicating the date on which the test was performed, and • The standardized tool used (see below), and • Evidence of a screening result or screening score Tools must meet the following criteria: 1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor (fine and gross), language, cognitive, and social-emotional. 2. Established Reliability: Reliability scores of approximately 0.70 or above. 3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be

	conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). 4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above. The following tools meet these criteria and are included in the Bright Futures Recommendations for Preventive Care, which reference the updated January 2020 AAP statement "Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening": 1. Ages and Stages Questionnaire - 3rd Edition (ASQ-3) 2. Parents' Evaluation of Developmental Status (PEDS) – Birth – 8 years 3. Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM) 4. Survey of Wellbeing of Young Children (SWYC) Note: The 2020 AAP statement provides descriptive information about the screening tool properties that may be useful for organizations to consider in designing their policies. The following list of tools meet the criteria included in these specifications, but (a) were not included in either the revised January 2020 AAP statement or the original AAP statement on developmental screening recommendations from 2006 and (b) are not frequently used by primary care providers in the context of routine well-child care: 1. Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months 2. Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2 3. Brigance Screens-II - Birth to 90 months 4. Child Development Inventory (CDI) - 18 months to age 6 5. Infant Development Inventory - Birth to 18 months Tools NOT included in this measure: It is important to note that standardized tools specifically focused on one domain of development [e.g. child's socio-emotional development (ASQ-SE) or autism (M-CHAT)] are not included in the list above as this measure is anchored to recommendations focused on global developmental screening using tools that focus on identifying risk for developmental, behavioral and social delays. Tools listed above: The tools listed above are examples of tools cited by Bright Futures in its Recommendations for Primary Care, which are informed by the 2006 and the 2020 AAP statements on developmental screening. Organizations may utilize additional tools not listed here as long as they meet the criteria outlined in the specifications.
Denominator Statement:	Active patients who have been seen by the primary care clinician at the PCMH in the previous 12 months who meet the following eligibility requirement based on child's age at end of measurement year

	• **Denominator 1**: Active Patients who turn 1 during measurement year • **Denominator 2**: Active Patients who turn 2 during measurement year • **Denominator 3**: Active Patients who turn 3 during measurement year • **Denominator 4**: All Active Patients who turn 1, 2, or 3 during the measurement year, i.e., the sum of denominators 1, 2, and 3
Acceptable Exclusions:	None
Look Back Period:	Screenings must be completed prior to the patient's birthdate. In order to account for patients with birthdates at the beginning of the measurement year, reports should account for these encounters accordingly and place a lookback period on the patient's DOB rather than the measurement period. In order to account for age appropriate screenings, this look back should not exceed a 6 month lookback from the DOB in order to avoid erroneously counting developmental screenings used for prior years of age. Example: Patient 1 DOB: 1/15/2024 Patient 2 DOB: 5/31/2024 Measurement period for both Patient 1 and 2: 10/1/2023 – 9/30/2024 Lookback period for Patient 1: 7/15/2023 -1/14/2024 Lookback period for Patient 2: 11/15/2023 – 5/30/2024
Source:	Oregon Pediatric Improvement Partnership at Oregon Health and Science University (OHSU)

Measure:	Lead Screening in Children
Updates to Measure Specifications:	• Added a required exclusion for patients who died during the measurement year.
OHIC Note:	To report performance on this measure to OHIC, practices can either: 1. grant the Rhode Island Department of Health (RIDOH) permission to share practice performance on this measure from KIDSNET directly with OHIC, or 2. report performance using the specifications listed below. Practices will have the ability to choose either option when completing the OHIC PCMH Measures Survey.
Description:	The percentage of active patients two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Age Criteria:	Active patients who turn two years of age during the measurement year.
Numerator Statement:	Active patients who turn two years of age during the measurement year with at least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday. Documentation must include both of the following: • A note indicating the date the test was performed. • The result or finding.
Denominator Statement:	Active patients who turn two years of age during the measurement year
Required Exclusions:	• Patients in hospice • Patients who died any time during the measurement year
Acceptable Exclusions:	None
Look Back Period:	12 months
Source:	HEDIS® (HEDIS limits the population to Medicaid-only. OHIC has adapted the measure specification to apply to all children, regardless of insurance type.)